

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2481AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/29/2009
NAME OF PROVIDER OR SUPPLIER  ATRIA SUTTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3185 E FLAMINGO ROAD LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 142 Residential Facility for Group beds for elderly and disabled and/or persons with mental retardation and/or persons with chronic illness and/or persons with mental illnesses and/or assisted living services, Category II residents. The census at the time of the survey was 106. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>Acceptable POC</i> <i>10/13/09</i> <i>[Signature]</i></p>	
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>	Y 255	<p>The preparation and submission of this plan of correction by the Facility shall not constitute, nor shall it be deemed to constitute, an admission of fault or liability on the part of the Facility and it shall not constitute agreement by the Facility as to the truth or accuracy of the facts alleged or the conclusions drawn in the Statement of Deficiencies addressed by this plan of correction. The Facility prepared and submitted this plan of correction in order to comply with relevant State rules and regulations.</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Jenna Thomas R.F.A. Exec. Director*

TITLE

(X6) DATE

*10/28/09*

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Y 255	<p>Continued From Page 1</p> <p>This RULE: is not met as evidenced by: Based on observation on 9/29/09, the facility failed to comply with the standards prescribed in chapter 446 of the NAC. The facility to ensure the following:</p> <ul style="list-style-type: none"> <li>- Proper temperature of potentially hazardous and perishable foods. Tuna salad, egg salad, and sliced turkey located in the reach-in on cooks line read 45-46 degrees F. The thermometer in the unit read 45 F.</li> <li>- Dish machine dispensed sanitizer. There was no reading for chlorine sanitizer.</li> <li>- Nothing was installed at hand sink. Hand sink is used for hand washing only. Reverse Osmosis Faucet was installed at hand sink on server's line.</li> <li>- Dipper well spout did not extend into water in the dipper well. Dipper well spout should be raised and secured to prevent backflow.</li> <li>- Paper towels were provided at hand sink in prep area.</li> </ul> <p>Severity: 2 Scope:3</p>	Y 255	<p>Y255</p> <p><i>Sutton OK'd 10/14/09</i></p> <p>The condensing unit was readjusted on 9/29/09 and is now operating appropriately, with temperatures holding at 40 degrees. The Food Services staff are monitoring the temperatures daily (Exhibit A).</p> <p>The dish machine is being replaced on 10/08/09. The new dish machine will have a heat booster to eliminate the need for the chlorine sanitizer (Exhibit B)</p> <p>The Reverse Osmosis Faucet was Removed from the hand sink on 10/06/09 (Exhibit C)</p> <p>The dipper well spout was raised and secured to prevent backflow on 9/30/09 (Exhibit D)</p> <p>Paper towels were replaced at the hand sink in the Prep Area on 9/29/09 (Exhibit E). The Food Services Director will Monitor the area for compliance.</p>	

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Y 255	Continued From Page 2	Y 255			
Y 278 SS=C	<p>449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents</p> <p>NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review on 9/29/09, the facility failed to obtain a dietitian consult at least once per quarter. The facility provided Dietary Consultative Reports for 2 of 4 quarters (8/1/09 and 3/9/09).</p> <p>Severity: 1    Scope: 3</p>	Y 278	<p>Y278</p> <p>The scheduled visit for the Dietitian's was done on 9/30/09 (Exhibit F). The Food Services Director established a tickler system to ensure future compliance. The Administrator will also monitor the Dietitian's visits for compliance.</p>		

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